

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742290

**Entity Name:** SIESTA BREAKERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6480 MIDNIGHT PASS RD  
SARASOTA, FL 34242

**Current Mailing Address:**

6480 MIDNIGHT PASS RD  
SARASOTA, FL 34242 US

**FEI Number:** 59-1969966

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MOSCONE, KATHRYN  
6480 MIDNIGHT PASS RD  
SARASOTA, FL 34242 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SEELEY, DENNIS  
Address 6480 MIDNIGHT PASS  
214  
City-State-Zip: SARASOTA FL 34242

Title T  
Name FALKNER, JO  
Address 6480 MIDNIGHT PASS - UNIT 315  
City-State-Zip: SARASOTA FL 34242

Title VP  
Name WOLFE, NORMAN  
Address 6480 MIDNIGHT PASS RD  
404  
City-State-Zip: SARASOTA FL 34242

Title S  
Name SULLIVAN, JOANNE  
Address 6480 MIDNIGHT PASS RD - UNIT 606  
City-State-Zip: SARASOTA FL 34242

Title D  
Name RAMSDELL, JAMES  
Address 6480 MIDNIGHT PASS RD - UNIT 513  
City-State-Zip: SARASOTA FL 34242

Title D  
Name KURZ, GEORGE  
Address 6480 MIDNIGHT PASS UNIT 519  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR  
Name LEHNERT, DANIEL  
Address 6480 MIDNIGHT PASS ROAD  
308  
City-State-Zip: SARASOTA FL 34242

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPHINE FALKNER

**TREASURER**

**01/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date